
2006 Exhibit 1: Continuum of Care (CoC) Application

U.S. Department of Housing and Urban Development

Office of Community Planning and Development

OMB Approval No. 2506-0112
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The information collection requirements contained in this application have been submitted to the Office of Management and Budget (OMB) for review under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

Information is submitted in accordance with the regulatory authority contained in each program rule. The information will be used to rate applications, determine eligibility, and establish grant amounts.

Selection of applications for funding under the Continuum of Care Homeless Assistance are based on rating factors listed in the Notice of Fund Availability (NOFA), which is published each year to announce the Continuum of Care Homeless Assistance funding round. The information collected in the application form will only be collected for specific funding competitions.

Public reporting burden for this collection of information is estimated to average 170 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

To the extent that any information collected is of a confidential nature, there will be compliance with Privacy Act requirements. However, the Continuum of Care Homeless Assistance application does not request the submission of such information.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties (U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802).

Previous versions obsolete

form **HUD-40090-1**
(4/2006)

2006 Continuum of Care Application: Exhibit 1

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Part I: CoC Organizational Structure

HUD-defined CoC Name:*	CoC Number*
Tucson/Pima County	AZ-501
*HUD-defined CoC names and numbers are available at: www.hud.gov/offices/adm/grants/fundsavail.cfm . If you do not have a HUD-defined CoC name and number, enter the name of your CoC and HUD will assign you a number.	

A: CoC Lead Organization Chart

CoC Lead Organization: Tucson Planning Council for the Homeless (TPCH)		
CoC Contact Person: Bill Magnotto, TPCH Chairperson		
Contact Person's Organization Name: La Frontera Sonora House		
Street Address: 1367 W. Miracle Mile		
City: Tucson	State: AZ	Zip: 85705
Phone Number: (520) 624-5518	Fax Number: (520) 624-5507	
Email Address: bmagnotto@lafrontera.org		

CoC-A

B: CoC Geography Chart

Using the Geographic Area Guide found on HUD's website at <http://www.hud.gov/offices/adm/grants/fundsavail.cfm>. List the name and the six-digit geographic code number for **every** city and/or county participating within your CoC. Because the geography covered by your CoC will affect your pro rata need amount, it is important to be accurate. Leaving out a jurisdiction will reduce your pro rata need amount. For further clarification, please read the guidance in Section III.C.3.a of this NOFA regarding geographically overlapping CoC systems.

Geographic Area Name	6-digit Code
Pima County	049019
City of Tucson	040492

Geographic Area Name	6-digit Code

CoC-B

CoC Structure and Decision-Making Processes

C: CoC Groups and Meetings Chart

The purpose of the CoC Groups and Meetings Chart is to help HUD understand the current structure and decision-making processes of your CoC. List the name and role (function served) of each group in the CoC planning process. Under “CoC Primary Decision-Making Group,” identify only one group that acts as the primary leadership or decision-making group for the CoC. Indicate frequency of meetings and the number of organizations participating in each group. Under “Other CoC Committees, Sub-Committees, Workgroups, etc.” you should include any established group that is part of your CoC’s organizational structure (add rows to the chart as needed). Please limit your description of each organization’s role to 2 lines or less.

CoC-Related Planning Groups		Meeting Frequency (check only one column)				Enter the number of organizations/entities that are members of each CoC planning group listed on this chart.
		Monthly or More	Quarterly	Biannually	Annually	
Example: CoC Primary Decision-Making Group						
Name:	River County Continuum of Care Executive Committee	X				5
Role:	This group meets to address current issues, set agendas for full CoC meetings, and determine project priorities.					
CoC Primary Decision-Making Group (list only one group)						
Name:	Tucson Planning Council for the Homeless (TPCH)	X				42
Role:	This group meets to address current issues, share reports/updates on committee and work group activities, and vote upon matters that arise (e.g., strategic planning, policies, leadership).					
Other CoC Committees, Sub-Committees, Workgroups, etc.						
Name:	TPCH Executive Committee	X				9
Role:	This group meets to set agendas for monthly CoC meetings, discuss current issues, and determine TPCH Council priorities.					
Name:	TPCH Continuum of Services Committee	X				14
Role:	This group meets to plan the community’s continuum of services, including review of available beds and services and coordination of the annual street count and HUD application.					
Name:	TPCH Education Committee	X				9
Role:	This group meets to coordinate community-wide, educational activities that promote TPCH, including TPCH website development, publicity, workshops, and a bi-annual conference.					
Name:	TPCH Winter Shelter Committee	X				9
Role:	This group meets to organize seasonal, community programs offered yearly for the homeless during the winter and summer months, and collaborates with many faith-based organizations.					
Name:	TPCH Homeless Youth Committee	X				8
Role:	This group meets to plan, implement, and evaluate services to homeless youth, including coordination of a yearly homeless youth survey and development of agency collaboratives.					

CoC-C

CoC-Related Planning Groups		Meeting Frequency (check only one column)				Enter the number of organizations/entities that are members of each CoC planning group listed on this chart.
		Monthly or More	Quarterly	Biannually	Annually	
Name:	TPCH Discharge Planning Committee	X				7
Role:	This group meets to facilitate coordination between service providers and institutions that may discharge people homeless in the community (e.g., prisons, hospitals, foster care, etc.).					
Name:	TPCH Plan to End Homelessness Committee		X			11
Role:	This group originally met to develop the now-complete, local 10-Year Plan to End Homelessness, and currently focuses upon its implementation and increasing public support.					
Name:	TPCH Evaluation Committee (Arizona Evaluation Project)		X			4
Role:	This group meets with the other two state CoCs and the AZ Dept. of Economic Security to develop a system for evaluating the effectiveness and performance of homelessness projects.					
Name:	TPCH Annual Homeless Street Count Sub-Committee				X	
Role:	This group meets intensively during December and January each year to organize the local annual street count, recruit/train volunteers, and oversee data collection activities.					
Name:	TPCH Review and Ratings Sub-Committee			X		3
Role:	This group meets to develop the annual scoring criteria used to determine priority rankings among HUD project applications and to recruit independent reviewers to score applications.					
Name:	TPCH Goals and Strategies Sub-Committee		X			5
Role:	This group meets to review annual CoC goals and strategies, monitor quarterly progress, follow-up with responsible parties, and assist with development of future CoC goals.					
Name:	TPCH Cost Study Work Group		X			5
Role:	This group meets to plan, develop, and implement a future research assessment of the cost of homelessness to the local community.					
Name:	TPCH Membership Work Group		X			4
Role:	This group meets to review membership applications and committee reports concerning participation and attendance and to oversee the orientation and mentoring of new members.					
Name:	TPCH Operating Policies Review Work Group				X	5
Role:	This group meets to review the TPCCH Operating policies and to make revisions or editions as needed, with general council approval.					
Name:	TPCH Threshold Review Sub-Committee				X	2
Role:	This group meets to review new PH project applications submitted to the CoC for HUD's annual Samaritan Initiative funds and determines if eligibility requirements have been met.					
Name:	TPCH Nominating Committee				X	3
Role:	This group meets to coordinate yearly nomination process of executive committee members and to present nominees to the general council for approval.					
Name:	TPCH Mainstream Resources Work Group				X	4
Role:	This group meets to discuss local access and usage of mainstream resources and services and to develop ideas for enhancement or improvement.					

D: CoC Planning Process Organizations Chart

List the names of all organizations involved in the CoC under the appropriate category. If more than one geographic area is claimed on the 2006 Geography Chart (Chart B), you must indicate which geographic area(s) each organization represents in your CoC planning process. In the last columns, identify no more than two subpopulation(s) whose interests the organization is specifically focused on representing in the CoC planning process. For “Homeless Persons,” identify at least 2 homeless or formerly homeless individuals.

PUBLIC SECTOR	Specific Names of All CoC Organizations	Geographic Area Represented	Subpopulations Represented, if any* (no more than 2)	
	STATE GOVERNMENT AGENCIES			
	Arizona Department of Housing	STATEWIDE		
	Arizona Department of Economic Security – Family Assistance Program	PIMA COUNTY		
	Arizona Department of Economic Security – Family Connections	PIMA COUNTY		
	Arizona Department of Economic Security – Homeless Coordination Office	STATEWIDE		
	Arizona Department of Economic Security – Veterans Representative	PIMA COUNTY		
	LOCAL GOVERNMENT AGENCIES			
	City of Tucson Community Services	CITY OF TUCSON		
	City of Tucson Environmental Services	CITY OF TUCSON		
	Pima County Community Development and Neighborhood Conservation Department	PIMA COUNTY		
	Pima County One-Stop Career Center – Jackson Employment Center	PIMA COUNTY	VET	Y
	Tucson City Court, Homeless Court Program	CITY OF TUCSON		
	Veteran’s Administration Homeless Program	PIMA COUNTY	VET	
	PUBLIC HOUSING AGENCIES			
	City of Tucson, Housing Assistance Division	PIMA COUNTY		
	SCHOOL SYSTEMS / UNIVERSITIES			
	Amphi Unified School District	TUCSON	Y	
	Arizona Department of Education	STATEWIDE	Y	
	Pima Community College, Inmate Transition Program	PIMA COUNTY		
	Sunnyside Unified School District	TUCSON	Y	
	Tucson Preparatory School	TUCSON		
	University of Arizona, Bureau of Applied Research in Anthropology	TUCSON		
	University of Arizona, Center for Applied Sociology	TUCSON		

	University of Arizona, Department of Communications	TUCSON		
	University of Arizona, Department of Law	TUCSON		
	LAW ENFORCEMENT / CORRECTIONS			
	Arizona Department of Corrections	PIMA COUNTY		
	Pima County Sheriff's Department	PIMA COUNTY		
	South Tucson Police Department	TUCSON		
	Tucson Police Department	CITY OF TUCSON		
	LOCAL WORKFORCE INVESTMENT ACT (WIA) BOARDS			
	Pima County Workforce Investment Board	PIMA COUNTY	Y	VET
	OTHER			
	American Red Cross	PIMA COUNTY/TUCSON		
	Tucson Convention Center	TUCSON		
PRIVATE SECTOR	NON-PROFIT ORGANIZATIONS			
	Arizona Coalition to End Homelessness	STATEWIDE		
	Arizona Housing and Prevention Services	STATEWIDE	SA	
	Brewster Center	PIMA COUNTY/TUCSON	DV	
	CODAC	PIMA COUNTY/TUCSON	SMI	SA
	Comin' Home	PIMA COUNTY/TUCSON	VET	SA
	Community Partnership of Southern Arizona	PIMA COUNTY/TUCSON	SMI	SA
	Compass Health Care, Inc.	PIMA COUNTY/TUCSON	SA	SMI
	COPE Behavioral Services, Inc.	PIMA COUNTY/TUCSON	SMI	SA
	Esperanza en Escalante	PIMA COUNTY/TUCSON	VET	SA
	Information & Referral Services	PIMA COUNTY/TUCSON		
	La Frontera Center	PIMA COUNTY/TUCSON	SMI	SA
	La Paloma Family Services	TUCSON	Y	
	Linkages	TUCSON		
	New Beginnings for Women and Children	PIMA COUNTY/TUCSON	Y	
	Old Pueblo Community Foundation	PIMA COUNTY/TUCSON	SA	
	Open-Inn, Inc.	PIMA COUNTY/TUCSON	Y	
	Our Family Services	PIMA COUNTY/TUCSON	Y	
	The Primavera Foundation	PIMA COUNTY/TUCSON		
	RISE, Inc.	PIMA COUNTY/TUCSON		
	Southern Arizona AIDS Foundation	PIMA COUNTY/TUCSON	HIV	
	Southern Arizona Mental Health Corporation	PIMA COUNTY/TUCSON	SMI	
	Southwest Fair Housing Council	PIMA COUNTY		
	TMM Family Services	PIMA COUNTY/TUCSON	SMI	
	Travelers Aid Society	TUCSON	SMI	SA
	Tucson Centers for Women and Children	PIMA COUNTY/TUCSON	DV	
	Wingspan/EON Lounge Youth Center	TUCSON	Y	
	Youth On Their Own	PIMA COUNTY/TUCSON	Y	

	FAITH-BASED ORGANIZATIONS			
	American Friends Service Committee	PIMA COUNTY		
	Beautiful Savior	TUCSON		
	CARIDAD/De Porres	TUCSON		
	Catalina United Methodist Church	TUCSON		
	Catholic Community Services	TUCSON		
	Christ Church UMC	TUCSON		
	Christ Presbyterian	TUCSON		
	Christian Faith Center	TUCSON	SA	
	Church of the Foothills	TUCSON		
	Congregation Chervrim	TUCSON		
	Desert Dove	TUCSON		
	Emanuel Baptist	TUCSON		
	First Christian	TUCSON		
	First United Methodist Church	TUCSON		
	The Giving Tree	TUCSON	Y	
	Gospel Rescue Mission	PIMA COUNTY/TUCSON	SA	
	Grace Community	TUCSON		
	Grace St. Paul	TUCSON		
	Hope of Glory Ministries	TUCSON		
	Immanuel Presbyterian	TUCSON		
	Interfaith Coalition for the Homeless	TUCSON	Y	
	Jewish Community Relations Council (JCRC)	TUCSON		
	Kingdom Advancement Ministries	TUCSON		
	Life In Christ	TUCSON		
	Lutheran Church of the Ascension	TUCSON		
	Lutheran Social Ministries of the Southwest	TUCSON		
	Ner Tamid	TUCSON		
	Pima Friends Monthly Meeting	TUCSON		
	Rincon Congregational	TUCSON		
	Sacred Heart	TUCSON		
	The Salvation Army	PIMA COUNTY/TUCSON	SA	VET
	Shalom Mennonite	TUCSON		
	St. Andrews Presbyterian	TUCSON		
	St. Cyril's of Alexandria	TUCSON		
	St. Elizabeth Ann Seaton	TUCSON		
	St. Francis Cabrini	TUCSON		
	St. Francis de Sales	TUCSON		
	St. Francis in Foot Hills	TUCSON		
	St. Mark's Presbyterian Church	TUCSON		
	St. Odilia's	TUCSON		
	St. Paul's Methodist Church	TUCSON		
	St. Pius X	TUCSON		
	Temple Emanu-el	TUCSON		
	Unitarian Universalist	TUCSON		

	FUNDERS / ADVOCACY GROUPS			
	Every Voice in Action Foundation	PIMA COUNTY/TUCSON	Y	
	Community Foundation for Southern Arizona	PIMA COUNTY/TUCSON		
	BUSINESSES (BANKS, DEVELOPERS, BUSINESS ASSOCIATIONS, ETC.)			
	Arizona Technology Consulting	PIMA COUNTY		
	Dorothy Kret & Associates, Inc.	PIMA COUNTY		
	Home Solutions for Tucson	PIMA COUNTY		
	LeCroy & Milligan Associates	PIMA COUNTY		
	Realty Executives/Jill Rich, Realtor	PIMA COUNTY		
	HOSPITALS / MEDICAL REPRESENTATIVES			
	El Rio Community Health Center	PIMA COUNTY	SMI	SA
	Southern Arizona VA Health Care System	PIMA COUNTY	VET	
	HOMELESS PERSONS			
	Billy, Benny, and 8 Others	PIMA COUNTY/TUCSON	VET	
	OTHER			
	Old Pueblo Rotary Club	PIMA COUNTY		
	Tucson Standdown Committee	PIMA COUNTY	VET	

***Subpopulations Key:** Seriously Mentally Ill (SMI), Substance Abuse (SA), Veterans (VET), CoC-D HIV/AIDS (HIV), Domestic Violence (DV), and Youth (Y).

E: CoC Governing Process Chart

HUD is moving toward providing greater definition and setting standards on the governing process of Continuums of Care. Check the box for each question below, and explain briefly if necessary.

	Yes	No
1. Does the CoC have a separate planning and decision-making body/entity that is broadly representative of the public and private homeless service sectors, including homeless client/consumer interests? If no, please explain.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Is the primary decision-making entity composed of at least 65 percent representation by the private sector (including consumer interests)? If no, please explain.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Is the primary decision-making entity membership selected in an open and democratic process by the CoC membership? If no, please explain.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

<p>4. Is there a Chair and Co-Chair representing both the private and public sector at the same time, with staggered 2-year terms and the Chair position rotating between the private and public sectors? If no, please explain.</p> <p>The Tucson Planning Council for the Homeless (TPCH) uses the traditional hierarchical system of one Chair and one Vice-Chair (not Co-Chair), and the positions' terms can coincide with one another. Yet, the Chair position does rotate between private and public sector representation, and the TPCH Executive Committee always consists of members within the public and private sectors who serve staggered terms.</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p>5. Has the CoC developed a Code of Conduct for the CoC decision-making entity and its Chair and Co-chair? If no, please explain.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p>6. The Chair and Co-Chair and all members of the CoC decision-making entity may not participate in decisions concerning awards of grants or provision of financial benefits to such member or the organization that such member represents. Have they recused themselves from considering projects in which they have an interest? If no, please explain.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p>7. Does the CoC have a fiscal agent designated to receive funds from HUD? Funds received from HUD go directly to the individual project applicants and not to TPCH (the CoC's single planning and decision-making entity).</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p>8. If your Continuum has not yet complied with <i>any</i> of the above broad standards for the CoC planning and decision-making process, please describe the extent to which your CoC will meet each guideline by the 2007 competition.</p> <p><u>Chair/Co-Chair Representation (#4):</u> TPCH has been content with the current system of Chair/Vice Chair governance and diverse public and private representation within the Executive Committee. This system has been effective for many years. Before the 2007 competition, the Executive Committee will review the specific HUD standards presented here and the minor discrepancies that exist (e.g., Vice-Chair vs. Co-Chair, staggering term requirements).</p> <p><u>Fiscal Agent (#8):</u> TPCH <i>has</i> a fiscal agent, however the TPCH fiscal agent does not serve as a central point that disperses HUD funds to all the local CoC project applicants. Instead, HUD funds go directly to the individual applicants within the CoC. If HUD were to change this established method of funding dispersion, then CoC members would discuss and determine how to locally implement this change.</p>		

CoC-E

F: CoC Project Review and Selection Chart

The CoC solicitation of projects and project selection should be conducted in a fair and impartial manner. Please mark all appropriate boxes to indicate all of the methods and processes the CoC used in 2006 to assess project(s) performance, effectiveness, and quality, particularly with respect to the Project Priorities Chart (CoC-Q). This applies to new and renewal projects. Check all that apply:

1. Open Solicitation			
a. Newspapers	<input type="checkbox"/>	e. Outreach to Faith-Based Groups	<input type="checkbox"/>
b. Letters to CoC Membership	<input type="checkbox"/>	f. Announcements at CoC Meetings	<input checked="" type="checkbox"/>
c. Responsive to Public Inquiries	<input type="checkbox"/>	g. Announcements at Other Meetings	<input type="checkbox"/>
d. Email CoC Membership/Listserv	<input checked="" type="checkbox"/>		
2. Objective Rating Measures and Performance Assessment			
a. CoC Rating & Review Committee Exists	<input checked="" type="checkbox"/>	j. Assess Spending (fast or slow)	<input type="checkbox"/>
b. Review CoC Monitoring Findings	<input type="checkbox"/>	k. Assess Cost Effectiveness	<input type="checkbox"/>
c. Review HUD Monitoring Findings	<input type="checkbox"/>	l. Assess Provider Organization Experience	<input checked="" type="checkbox"/>
d. Review Independent Audit	<input type="checkbox"/>	m. Assess Provider Organization Capacity	<input checked="" type="checkbox"/>
e. Review HUD APR	<input checked="" type="checkbox"/>	n. Evaluate Project Presentation	<input type="checkbox"/>
f. Review Unexecuted Grants	<input type="checkbox"/>	o. Review CoC Membership Involvement	<input checked="" type="checkbox"/>
g. Site Visit(s)	<input type="checkbox"/>	p. Review Match	<input checked="" type="checkbox"/>
h. Survey Clients	<input type="checkbox"/>	q. Review Leveraging	<input checked="" type="checkbox"/>
i. Evaluate Project Readiness	<input type="checkbox"/>		
3. Voting/Decision System			
a. Unbiased Panel / Review Committee	<input checked="" type="checkbox"/>	e. All CoC Present Can Vote	<input checked="" type="checkbox"/>
b. Consumer Representative Has a Vote	<input type="checkbox"/>	f. Consensus	<input checked="" type="checkbox"/>
c. CoC Membership Required to Vote	<input checked="" type="checkbox"/>	g. Abstain if conflict of interest	<input checked="" type="checkbox"/>
d. One Vote per Organization	<input checked="" type="checkbox"/>		

CoC-F

G: CoC Written Complaints Chart

Were there any written complaints received by the CoC regarding any CoC matter in the last 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If Yes, briefly describe the complaints and how they were resolved.	
N/A	

CoC-G

Part II: CoC Housing and Service Needs

H: CoC Services Inventory Chart

Using the format below, list the provider organizations and identify the service components currently being provided within your CoC. Place the name of each provider organization only once in the first column (add rows to the chart as needed), followed by an “X” in the appropriate column(s) corresponding to the service(s) provided by the organization. CoCs will only need to update this chart every other year.

(1) Provider Organizations	(2) Prevention					(3) Outreach			(4) Supportive Services									
	Mortgage Assistance	Rental Assistance	Utilities Assistance	Counseling/Advocacy	Legal Assistance	Street Outreach	Mobile Clinic	Law Enforcement	Case Management	Life Skills	Alcohol & Drug Abuse	Mental Health Counseling	Healthcare	HIV/AIDS	Education	Employment	Child Care	Transportation
American Red Cross		X		X														
Amity Foundation									X		X							
Arizona Department of Economic Security									X							X		
Arizona Housing and Prevention Services		X	X	X					X	X								X
The Beacon Group									X	X						X		
The Brewster Center Domestic Violence Services				X											X			
CARIDAD/De Porres						X										X		
Casa Maria (Guadalupe Kitchen)						X												
Catholic Social Services				X						X					X			
Chicanos Por La Causa	X	X	X	X					X	X	X	X				X		
Christian Faith Center				X		X			X									
City of Tucson	X	X				X												
Clinica Amistad												X	X					
CODAC									X	X	X	X			X			X
Comin' Home						X	X		X		X	X				X		X
Community Action Agency	X	X	X	X														
Community Food Bank						X												
Community Partnership of Southern Arizona									X	X	X	X			X			X
Community Provider of Enrichment Services									X							X		X
Compass Health Care									X	X	X	X	X					
COPE Behavioral Services				X		X			X	X	X	X		X		X		
Dorothy Kret & Associates															X	X		

CoC-H

(1) Provider Organizations	(2) Prevention					(3) Outreach			(4) Supportive Services									
	Mortgage Assistance	Rental Assistance	Utilities Assistance	Counseling/Advocacy	Legal Assistance	Street Outreach	Mobile Clinic	Law Enforcement	Case Management	Life Skills	Alcohol & Drug Abuse	Mental Health Counseling	Healthcare	HIV/AIDS	Education	Employment	Child Care	Transportation
El Rio Health Center				X			X		X		X		X	X				X
Esperanza En Escalante									X		X					X		
Family Housing Resources	X	X																
The Giving Tree						X			X	X	X	X			X			X
Goodwill Industries of Southern Arizona																X		
Gospel Rescue Mission									X	X	X							
The Haven										X	X	X			X			
Hope of Glory Ministries						X				X	X					X		X
Information & Referral Services				X											X			
Interfaith Coalition for the Homeless				X									X		X			
Interfaith Community Services		X	X			X			X									
Intermountain Centers												X						
Joshua House										X	X				X			
La Frontera				X		X			X	X	X	X						X
La Paloma Family Services									X	X	X						X	X
Legal Aid of Southern Arizona					X													
Linkages																X		
Lutheran Social Ministries of the Southwest				X		X				X			X			X		
New Beginnings for Women and Children									X	X								X
Old Pueblo Community Foundation	X			X		X			X	X	X	X						
Open-Inn				X		X			X	X		X				X	X	X
Our Family Services				X		X	X		X	X	X	X			X	X		X
Our Place Clubhouse									X	X	X	X			X	X		
Pima County Community Development and Neighborhood Conservation									X	X						X	X	X
Pima County Health Department							X						X	X				
Pima County One-Stop Career Center – Jackson Employment Center						X			X	X					X	X	X	X
Pima County Sheriff's Office						X		X										
Pio Decimo Center									X	X		X					X	
The Primavera Foundation									X	X						X		

(1) Provider Organizations	(2) Prevention					(3) Outreach			(4) Supportive Services									
	Mortgage Assistance	Rental Assistance	Utilities Assistance	Counseling/Advocacy	Legal Assistance	Street Outreach	Mobile Clinic	Law Enforcement	Case Management	Life Skills	Alcohol & Drug Abuse	Mental Health Counseling	Healthcare	HIV/AIDS	Education	Employment	Child Care	Transportation
Project PPEP	X	X																
RISE, Inc.									X	X		X				X		
The Salvation Army		X	X			X			X	X							X	
SAVAHCS						X			X		X	X	X	X		X		
South Tucson Police Department						X		X										
Southern Arizona AIDS Foundation	X	X	X						X	X		X		X				X
Southern Arizona Mental Health Corporation												X						
Southern AZ Center Against Sexual Assault						X						X			X			
Southwest Fair Housing Council				X	X	X												
TMM Family Services									X	X								
Travelers Aid Society		X	X	X		X			X	X							X	X
The Truancy Center				X					X						X	X		
Tucson Centers for Women and Children				X					X	X					X	X	X	X
Tucson Indian Center				X														
Tucson Interfaith HIV/AIDS Network						X								X	X			X
Tucson Police Department						X		X										
Tucson Standdown Committee						X			X							X		
Tucson Urban League	X	X	X						X	X					X	X		
WEDCO Employment & Training Center																X		
Wingspan/EON Lounge Youth Center						X					X							
Winter Shelter Program (congregations)						X	X		X									X
Youth On Their Own									X	X		X						

CoC Housing Inventory and Unmet Needs

I: CoC Housing Inventory Charts

This section includes three housing inventory charts—for emergency shelter, transitional housing, and permanent housing. Note that the information in these charts should reflect a point-in-time count. For the Permanent Housing Inventory Chart, the beds listed under “new inventory” should indicate beds that became available for occupancy for the first time between February 1, 2005 and January 31, 2006. For complete instructions in filling out this section, see the Instructions section at the beginning of the application.

I: CoC Housing Inventory Charts

Emergency Shelter: Fundamental Components in CoC System – Housing Inventory Chart

Provider Name	Facility Name	HMIS Part. Code	Number of Year- Round Beds in HMIS		Geo Code □	Target Pop		Year-Round			Total Year- Round Beds	Other Beds	
						A	B	Fam. Units	Fam. Beds	Indiv. Beds		Seasonal	Overflow & Voucher
Current Inventory			Ind.	Fam.									
Brewster Center	West House	N	--	0	040492	M	DV	5	34		34		
Brewster Center	Casa Amparo	N	--	0	040492	M	DV	4	12		12		
Compass Health Care	Desert Hope	P	0	--	040492	SMF				44	44		
Compass Health Care	Vida Serena	P	0	--	040492	SMF				42	42		
Compass Health Care	New Directions	P	0	--	040492	SMF				43	43		
Giving Tree	Grace Home	N	0	0	049019	M		4	10	20	30		
Gospel Rescue Mission	Men’s Center	N	0	--	049019	SM				52	52		
Gospel Rescue Mission	Women and Children Ctr.	N	0	0	040492	M		6	18	12	30		
New Beginnings for Women and Children (NBWC)	NBWC	5	--	40	040492	FC		13	42		42		
Open-Inn	Crisis Shelter	8	4	--	040492	SMF				6	6		
Open-Inn	Youth Crisis Shelter	7	2	--	040492	YMF				2	2		
Our Family Services	Reunion House	P	0	--	040492	YMF				8	8		
Primavera Foundation	Men’s Shelter	2	59	--	040492	SM				100	100		
The Salvation Army – Winter Shelter	Hospitality House 4	8	0	--	040492	M						59	
The Salvation Army	Hospitality House 1	8	5	11	040492	M		4	28	63	91		
The Salvation Army	Hospitality House 2	8	0	--	040492	M							3
Travelers Aid	Greyhound Family Shelter	1	--	52	049019	FC		17	52		52		
Travelers Aid	Scattered Site Motels	2	--	1	040492	M							4
Tucson Centers for Women and Children (TCWC)	TCWC	F	--	0	040492	FC	DV	11	34		34		
Tucson Centers for Women and Children	AVA	F	--	0	040492	FC	DV	4	16		16		
SUBTOTALS:			70	104	SUBTOT. CURRENT INVENTORY:			68	246	392	638	59	7

New Inventory in Place in 2005 (Feb. 1, 2005 – Jan. 31, 2006)			Ind.	Fam.									
Travelers Aid	Katrina – Scattered sites	6	17	15	040419	M		7	24	28	52		
SUBTOTALS:			17	15	SUBTOTAL NEW INVENTORY:			7	24	28	52	0	0
Inventory Under Development		Anticipated Occupancy Date											
None													
SUBTOTAL INVENTORY UNDER DEVELOPMENT:								0	0	0	0	0	0
UNMET NEED			UNMET NEED TOTALS:					57	220	115	335		
1. Total Year-Round Individual ES Beds:				420	4. Total Year-Round Family Beds:								270
2. Year-Round Individual ES Beds in HMIS:				87	5. Year-Round Family ES Beds in HMIS:								119
3. HMIS Coverage Individual ES Beds: Divide line 2 by line 1 and multiply by 100. Round to a whole number.				21%	6. HMIS Coverage Family ES Beds: Divide line 5 by line 4 and multiply by 100. Round to a whole number.								44%

CoC-I

I: CoC Housing Inventory Charts

Transitional Housing: Fundamental Components in CoC System – Housing Inventory Chart

Provider Name	Facility Name	HMIS Part. Code	Number of Year-Round Beds in HMIS		Geo Code □	Target Pop		Year-Round			Total Year-Round Beds
						A	B	Family Units	Family Beds	Individ. Beds	
Current Inventory			Ind.	Fam.							
Amity Foundation	Circle Tree Ranch	N	0	0	040492	M		4	12	50	62
Arizona Housing and Prevention Services	Arizona Housing and Prevention Services	6	3	4	040492	M		4	16	14	30
Brewster Center	Wings of Freedom	N	0	0	040492	FC	DV	8	16	2	18
Comin' Home	El Portal	6	0	--	040492	SM	VET			3	3
Comin' Home	Operation Desert Hope	6	1	--	040492	SMF	VET			29	29
Comin' Home	Second Tour	6	0	--	040492	SMF	VET			12	12
Comin' Home	Substance Abuse Halfway House	6	0	--	040492	SMF	VET			10	10
Comin' Home	Project Advent	6	0	--	040492	SMF	VET			13	13
Comin' Home	VIP Vets	6	0	--	040492	SMF	VET			16	16
Compass Health Care	Vida Nueva	P	0	0	040492	M		8	22	14	36
Compass Health Care	Vida Serena	P	0	--	040492	SMF				15	15
Compass Health Care	MICA	P	0	--	040492	SMF				16	16
Cope Behavioral Services	Arizona Hotel	5	3	--	040492	SMF				3	3
Cope Behavioral Services	Casa de Anna Bridges	5	21	--	040492	M				27	27
Esperanza En Escalante	Esperanza En Escalante	6	10	4	040492	M	VET	8	21	47	68
Gospel Rescue Mission-Life Foundations	Gospel Rescue Mission	N	0	--	040492	SM				50	50
Gospel Rescue Mission	Women and Children Ctr.	N	0	0	040492	M		3	9	8	17
La Frontera-Sonora House	Sonora House	5	15	--	040492	SMF				15	15
La Frontera	Casa de Vida	1	20	--	040492	SMF				20	20
La Frontera	Casa de Vida -Re-entry Apts.	1	7	--	040492	SMF				7	7
New Beginnings for Women and Children	NBWC	5	--	252	040492	FC		54	252		252

TRANSITIONAL HOUSING Cont. Provider Name	Facility Name	HMIS Part. Code	Number of Year-Round Beds in HMIS		Geo Code □	Target Pop		Year-Round			Total Year-Round Beds
			IND.	FAM.		A	B	Family Units	Family Beds	Individ. Beds	
Old Pueblo Community Foundation	Casa Santa Clara	5	84	--	040492	SMF				102	102
Old Pueblo Community Foundation	Oasis House	5	24	--	040492	SF				24	24
Old Pueblo Community Foundation	Oasis Project	6	--	25	040492	M		7	44		44
Open Inn	ILS	5	19	--	040492	SMF				19	19
Open Inn	TALP	5	10	--	040492	YMF				10	10
Our Family Services	Common Unity	P	--	0	040492	FC		32	64		64
Our Family Services	La Casita	P	0	0	040492	YMF		3	8	2	10
Our Family Services-El Portal	El Portal	P	0	--	040492	YMF				2	2
Our Family Services-RHY	Our Family Services	P	--	0	040492	YMF		9	25		25
Pio Decimo Center-Casitas Esperanza	Casitas Esperanza	N	--	0	040492	FC		20	88		88
Primavera Foundation	Casa Paloma	6	5	--	040492	SF				9	9
Primavera Foundation	Five Points	5	28	--	040492	SMF				28	28
Primavera Foundation	Winstel Terrace Apts.	P	0	--	040492	SMF				28	28
Salvation Army	S.A.F.E. Housing	8	7	28	040492	M		17	48	15	63
Southern Arizona AIDS Foundation	SAAF Housing	P	0	0	040492	M	HIV	4	11	14	25
TMM Family Services	Fair Haven Campus	6	--	6	040492	FC		19	64		64
Travelers Aid Society	Casa I	6	--	8	040492	FC		7	20		20
Travelers Aid Society	Casa II	6	--	10	040492	FC		8	25		25
Travelers Aid Society – Phase II/FIT	Monte Vista/Willard	5	--	24	040492	FC		9	27		27
Travelers Aid Society	Catalina	5	--	19	040492	SM				19	19
Travelers Aid Society	THD	5	7	--	040492	SMF				8	8
Travelers Aid Society	Women in Transition	5	10	--	040492	SF				12	12
Tucson Centers for Women and Children	Second Step	F	--	0	040492	FC	DV	6	24		24
SUBTOTALS:			274	380	SUBTOT. CURRENT INVENTORY:			230	796	663	1459

New Inventory in Place in 2005 (Feb. 1, 2005 – Jan. 31, 2006)			Ind.	Fam.							
Comin' Home	Second Tour	6	0	--	040492	SMF	VET			6	6
Old Pueblo Community Foundation	Casa Santa Clara	5	30	--	040492	SM				36	36
Old Pueblo Community Foundation	Oasis House	5	11	--	040492	SF				12	12
Our Family Services / Open Inn	Your Place	P	0	--	040492	YMF				5	5
SUBTOTALS:			41	0	SUBTOTAL NEW INVENTORY:			0	0	59	59
Inventory Under Development		Anticipated Occupancy Date									
New Beginnings for Women and Children	Mohave Apartments	May 2006			040492	FC		15	46		46
SUBTOTAL INVENTORY UNDER DEVELOPMENT:								15	46	0	46
UNMET NEED		UNMET NEED TOTALS:			9	30	140	170			
1. Total Year-Round Individual TH Beds:		722	4. Total Year-Round Family Beds:		796						
2. Year-Round Individual TH Beds in HMIS:		315	5. Year-Round Family TH Beds in HMIS:		380						
3. HMIS Coverage Individual TH Beds: Divide line 2 by line 1 and multiply by 100. Round to a whole number.		44%	6. HMIS Coverage Family TH Beds: Divide line 5 by line 4 and multiply by 100. Round to a whole number.		48%						

CoC-I

I: CoC Housing Inventory Charts

Permanent Supportive Housing*: Fundamental Components in CoC System – Housing Inventory Chart											
Provider Name	Facility Name	HMIS Part. Code	Number of Year-Round Beds in HMIS		Geo Code □	Target Population		Year-Round			Total Year-Round Beds
						A	B	Family Units	Family Beds	Individual/ CH Beds	
Current Inventory			Ind.	Fam.							
CODAC	CODAC-Scattered Sites	5	16	13	049019	M		4	13	16	29
CODAC	Shelter Plus Care	5	70	25	049019	M		9	25	70	95
Comin’ Home	Second Tour	6	0	--	040492	SMF	VET			7	7
Comin’ Home	Shelter Plus Care III	5	10	--	040492	SMF	VET			10	10
Comin’ Home	Pathways	5	3	--	040492	SMF	VET			4	4
Compass Health Care	Safe Harbor II	P	0	--	040492	SMF				28	28
Cope Behavioral Services	Shelter Plus Care	5	75	6	040492	SMF		3	7	77	84
La Frontera	Shelter Plus Care-TRA	5	47	--	040492	SMF				47	47
La Frontera	Shelter Plus Care III	5	9	--	040492	SMF				9	9
La Frontera	Pathways	5	4	--	040492	SMF				4	4
Southern Arizona AIDS Foundation	SAAF Housing	P	0	0	040492	M	HIV	6	19	59	78
Southern Arizona AIDS Foundation	SAAF Tenant-Based	P	0	0	040492	M	HIV	18	67	33	100
TMM Family Services	Marana/Mission Vista Apts.	5	0	0	040492	M		5	26	2	28
Travelers Aid Society	Shelter Plus Care	6	21	5	040492	M		3	6	23	29
SUBTOTALS:			255	49	SUBTOT. CURRENT INVENTORY:			48	163	389 / 90 CH	552
New Inventory in Place in 2005 (Feb. 1, 2005 – Jan. 31, 2006)			Ind.	Fam.							
Comin’ Home	Shelter Plus Care IV	5	0	--	040492	SMF	VET			9 / 6 CH	9
Esperanza En Escalante	Esperanza En Escalante	6	0	--	040492	M	VET			5 / 5 CH	5
Southern Arizona AIDS Foundation	SAAF Tenant-Based	P	0	--	040492	M	HIV			6 / 0 CH	6
SUBTOTALS:			0	0	SUBTOTAL NEW INVENTORY:			0	0	20 / 11CH	20

Inventory Under Development		Anticipated Occupancy Date								
CODAC	Solitude Housing	September 2006	049019	SMF				26 / 26 CH	26	
Comin' Home	Shelter Plus Care IV	April 2006	040492	SMF	VET			7 / 5 CH	7	
SUBTOTAL INVENTORY UNDER DEVELOPMENT:							0	0	33 / 31 CH	33
UNMET NEED		UNMET NEED TOTALS:					17	60	250 /100CH	310
1. Total Year-Round Individual PH Beds:		409	4. Total Year-Round Family Beds:						163	
2. Year-Round Individual PH Beds in HMIS:		255	5. Year-Round Family PH Beds in HMIS:						49	
3. HMIS Coverage Individual PH Beds: (Divide line 2 by line 1 and multiply by 100. Round to a whole number.)		62%	6. HMIS Coverage Family PH Beds: (Divide line 5 by line 4 and multiply by 100. Round to a whole number.)						30%	
*Permanent Supportive Housing is: S+C, Section 8 SRO and SHP-Permanent Housing component. It also includes any permanent housing projects, such as public housing units, that have been dedicated exclusively to serving homeless persons.										

CoC-I

J: CoC Housing Inventory Data Sources and Methods Chart

Complete the following charts based on data collection methods and reporting for the Housing Inventory Chart, including Unmet Need determination. The survey must be for a 24-hour point-in-time count during the last week of January 2006.

(1) Indicate date on which Housing Inventory count was completed: <u>01/24/2006</u> (mm/dd/yyyy)	
(2) Identify the <u>primary</u> method used to complete the Housing Inventory Chart (check one):	
<input checked="" type="checkbox"/>	Housing inventory survey to providers – CoC distributed a housing inventory survey (via mail, fax, or e-mail) to homeless programs/providers to update current bed inventories, target populations for programs, beds under development, etc.
<input type="checkbox"/>	On-site or telephone housing inventory survey – CoC conducted a housing inventory survey (via phone or in-person) of homeless programs/providers to update current bed inventories, target populations for programs, beds under development, etc.
<input type="checkbox"/>	HMIS – Used HMIS data to complete the Housing Inventory Chart
(3) Indicate the percentage of providers completing the housing inventory survey:	
<u>100%</u>	Emergency shelter providers
<u>96%</u>	Transitional housing providers
<u>100%</u>	Permanent Supportive Housing providers
(4) Indicate steps to ensure data accuracy for 2006 Housing Inventory Chart (check all that apply):	
<input checked="" type="checkbox"/>	Instructions – Provided written instructions for completing the housing inventory survey.
<input checked="" type="checkbox"/>	Training – Trained providers on completing the housing inventory survey.
<input type="checkbox"/>	Updated prior housing inventory information – Providers submitted updated 2005 housing inventory to reflect 2006 inventory.
<input checked="" type="checkbox"/>	Follow-up – CoC followed-up with providers to ensure the maximum possible response rate and accuracy of the housing inventory survey.
<input checked="" type="checkbox"/>	Confirmation – Providers or other independent entity reviewed and confirmed information in 2006 Housing Inventory Chart after it was completed.
<input type="checkbox"/>	HMIS – Used HMIS to verify data collected from providers for Housing Inventory Chart.
<input type="checkbox"/>	Other – specify:
Unmet Need:	
(5) Indicate type of data that was used to determine unmet need (check all that apply):	
<input checked="" type="checkbox"/>	Sheltered count (point-in-time)
<input checked="" type="checkbox"/>	Unsheltered count (point-in-time)
<input checked="" type="checkbox"/>	Housing inventory (number of beds available)
<input checked="" type="checkbox"/>	Local studies or data sources – specify: Dept. of Economic Security 14th Annual report on the Current Status of Homelessness in Arizona (December 2005), City of Tucson and Pima County Consortium Consolidated Plan (2005-2010), and Plan to End Homelessness (2006)
<input checked="" type="checkbox"/>	National studies or data sources – specify: Dept. of Veterans Affairs CHALENG for Veterans report (May 2005)
<input checked="" type="checkbox"/>	Provider opinion through discussions or survey forms
<input type="checkbox"/>	Other – specify:
(6) Indicate the <u>primary</u> method used to calculate or determine unmet need (check one):	
<input checked="" type="checkbox"/>	Stakeholder Discussion – CoC stakeholders met and reviewed data to determine CoC's unmet need
<input type="checkbox"/>	Calculation – Used local point-in-time (PIT) count data and housing inv. to calculate unmet need
<input type="checkbox"/>	Applied statistics – Used local PIT enumeration data and applied national or other local statistics
<input type="checkbox"/>	HUD unmet need formula – Used HUD's unmet need formula*
<input type="checkbox"/>	Other – specify:

(7) If your CoC made adjustments to calculated unmet need, please explain how and why.

CoC members met on April 4, 2006 to review data and determine the CoC's unmet need calculations for this year using prior local CoC methods. When HUD's new unmet need formula became available on April 19, 2006, an effort was made to compare the CoC's earlier-determined unmet need numbers against estimated calculations derived from the HUD formula. These estimations were done as closely to the recommended method as possible, noting that information on the future needs of sheltered and unsheltered individuals was not collected during the January 2006 point-in-time count.

A follow-up CoC meeting on the unmet need estimations occurred in early May 2006, and the earlier-determined estimations were reviewed once again, with consideration of what the performed calculations using the new HUD formula showed. Differences were revealed between the earlier-determined estimations and the HUD formula calculations in two areas: unmet need estimates for family beds in emergency shelter and for family beds in permanent housing. Estimations for all types of individual beds and for family beds in transitional housing faired the result comparisons with the two methods. As a result of this review, CoC members decided to *decrease* the earlier-determined unmet need estimation for family beds in emergency shelter and to *increase* the earlier unmet need estimation for family beds in permanent housing.

The task of calculating numbers using the new HUD formula and then comparing results against earlier-determined estimations derived from the CoC's prior method was a revealing exercise that enabled CoC members to better examine how the local CoC approaches this annual calculation process. One major note concerned focusing upon unmet need numbers solely *within each single* type of shelter/housing category versus including the additional step of considering numbers *across all three* shelter/housing categories (i.e., emergency, transitional, and permanent). When preparations begin with next year's sheltered and unsheltered point-in-time counts, the suggested items to include within the HUD formula will be re-visited and considered.

*For further instructions, see Questions and Answers Supplement on the CoC portion of <http://www.hud.gov/offices/adm/grants/fundsavail.cfm>

CoC-J

CoC Homeless Population and Subpopulations

K: CoC Point-in-Time Homeless Population and Subpopulations Chart

Complete the following chart based on the most recent point-in-time count conducted. Part 1 and Part 2 must be completed using statistically reliable, unduplicated counts or estimates of homeless persons in sheltered and unsheltered locations at a one-day point in time. Include homeless Hurricane Katrina evacuees in Parts 1 and 2, and complete Part 3 if applicable. Part 3 may be completed using point-in-time information or may be estimated if no point-in-time count has been done since September 1, 2005. Completion of a point-in-time count of sheltered and unsheltered homeless persons during the last week in January 2006 is not required. The next required point-in-time count of sheltered and unsheltered homeless persons must be completed during the last week of January 2007. For further instructions for filling out this section, see the Instructions section.

Indicate date of last point-in-time count: 01/24/2006 (mm/dd/yyyy)

Part 1: Homeless Population	Sheltered		Unsheltered	Total		
	Emergency	Transitional				
Number of Families with Children (Family Households):	59	197	7	263		
1. Number of Persons in Families with Children:	198	599	21	818		
2. Number of Single Individuals and Persons in Households without Children:	495	646	621	1762		
(Add Lines Numbered 1 & 2) Total Persons:	693	1245	642	2580		
Part 2: Homeless Subpopulations	Sheltered		Unsheltered	Total		
a. Chronically Homeless (For sheltered, list persons in emergency shelter <i>only</i>)	112		341	453		
b. Severely Mentally Ill	370		*	370		
c. Chronic Substance Abuse	640		*	640		
d. Veterans	232		*	232		
e. Persons with HIV/AIDS	25		*	25		
f. Victims of Domestic Violence	365		*	365		
g. Unaccompanied Youth (Under 18)	35		* 18	53		
If applicable, complete the following section to the extent that the information is available. Be sure to indicate the source of the information by checking the appropriate box:						
Data Source: <input type="checkbox"/> Point-in-time count OR <input checked="" type="checkbox"/> Estimate						
Part 3: Hurricane Katrina Evacuees	Sheltered		Unsheltered	Total		
Total number of Katrina evacuees	159		--	159		
Of this total, enter the number of evacuees homeless prior to Katrina	1		--	1		
*Optional for Unsheltered				CoC-K		

L: CoC Homeless Population and Subpopulations Data Sources & Methods Chart

Complete the following charts based on the most recent point-in-time count conducted.

L-1: Sheltered Homeless Population and Subpopulations

(1) Check the <u>primary</u> method used to enumerate sheltered homeless persons in the CoC (check one):	
<input checked="" type="checkbox"/>	Point-in-Time (PIT) <u>no interview</u> – Providers did not interview sheltered clients during the point-in-time count
<input type="checkbox"/>	PIT <u>with interviews</u> – Providers interviewed each sheltered individual or household during the point-in-time count
<input type="checkbox"/>	PIT <u>plus sample of interviews</u> – Providers conducted a point-in-time count and interviewed a random sample of sheltered persons or households (for example, every 5th or 10th person)

<input type="checkbox"/>	PIT plus extrapolation – Information gathered from a sample of interviews with sheltered persons or households is extrapolated to the total sheltered population
<input type="checkbox"/>	Administrative Data – Providers used administrative data (case files, staff expertise) to complete client population and subpopulation data for sheltered homeless persons
<input type="checkbox"/>	HMIS – CoC used HMIS to complete the point-in-time sheltered count and subpopulation information
<input type="checkbox"/>	Other – please specify:
(2) Indicate steps taken to ensure data quality of the sheltered homeless enumeration (check all that apply):	
<input checked="" type="checkbox"/>	Instructions – Provided written instructions to providers for completing the sheltered point-in-time count
<input checked="" type="checkbox"/>	Training – Trained providers on completing the sheltered point-in-time count
<input checked="" type="checkbox"/>	Remind and Follow-up – Reminded providers about the count and followed up with providers to ensure the maximum possible response rate and accuracy
<input type="checkbox"/>	HMIS – Used HMIS to verify data collected from providers for the sheltered point-in-time count
<input type="checkbox"/>	Other – please specify:
(3) How often will sheltered counts of sheltered homeless people take place in the future?	
<input type="checkbox"/>	Biennial (every two years)
<input checked="" type="checkbox"/>	Annual
<input type="checkbox"/>	Semi-annual
<input type="checkbox"/>	Other – please specify:
(4) Month and Year when next count of sheltered homeless persons will occur: <u>01/2007</u>	
(5) Indicate the percentage of providers completing the populations and subpopulations survey:	
<u>100</u> %	Emergency shelter providers
<u>96</u> %	Transitional housing providers
<u>100</u> %	Permanent Supportive Housing providers

CoC-L-1

L-2: Unsheltered Homeless Population and Subpopulations*

(1) Check the primary method used to enumerate unsheltered homeless persons in the CoC:	
<input checked="" type="checkbox"/>	Public places count – CoC conducted a point-in-time count <u>without</u> client interviews
<input type="checkbox"/>	Public places count with interviews – CoC conducted a point-in-time count and interviewed every unsheltered homeless person encountered during the public places count
<input type="checkbox"/>	Sample of interviews – CoC conducted a point-in-time count and interviewed a random sample of unsheltered persons
<input type="checkbox"/>	Extrapolation – CoC conducted a point-in-time count and the information gathered from a sample of interviews was extrapolated to total population of unsheltered homeless people counted
<input type="checkbox"/>	Public places count using probability sampling – High and low probabilities assigned to designated geographic areas based on the number of homeless people expected to be found in each area. The CoC selected a statistically valid sample of each type of area to enumerate on the night of the count and extrapolated results to estimate the entire homeless population.
<input type="checkbox"/>	Service-based count – Interviewed people using non-shelter services, such as soup kitchens and drop-in centers, and counted those that self-identified as unsheltered homeless persons
<input type="checkbox"/>	HMIS – Used HMIS to complete the enumeration of unsheltered homeless people
<input type="checkbox"/>	Other – please specify:

(2) Indicate the level of coverage of the point-in-time count of unsheltered homeless people:	
<input type="checkbox"/>	Complete coverage – The CoC counted every block of the jurisdiction
<input type="checkbox"/>	Known locations – The CoC counted areas where unsheltered homeless people are known to congregate or live
<input checked="" type="checkbox"/>	Combination – CoC counted central areas using complete coverage and also visited known locations
<input type="checkbox"/>	Used service-based or probability sampling (coverage is not applicable)
(3) Indicate community partners involved in point-in-time unsheltered count (check all that apply):	
<input checked="" type="checkbox"/>	Outreach teams
<input checked="" type="checkbox"/>	Law Enforcement
<input checked="" type="checkbox"/>	Service Providers
<input checked="" type="checkbox"/>	Community volunteers
<input checked="" type="checkbox"/>	Other – please specify: Homeless and formerly homeless persons
(4) Indicate steps taken to ensure the data quality of the unsheltered homeless count (check all that apply):	
<input checked="" type="checkbox"/>	Training – Conducted a training for point-in-time enumerators
<input type="checkbox"/>	HMIS – Used HMIS to check for duplicate information
<input type="checkbox"/>	Other – specify:
(5) How often will counts of unsheltered homeless people take place in the future?	
<input type="checkbox"/>	Biennial (every two years)
<input checked="" type="checkbox"/>	Annual
<input type="checkbox"/>	Semi-annual
<input type="checkbox"/>	Quarterly
<input type="checkbox"/>	Other – please specify:
(6) Month and Year when next count of unsheltered homeless persons will occur: <u>01/2007</u>	

*Please refer to 'A Guide to Counting Unsheltered Homeless People' for more information on unsheltered enumeration techniques.

CoC-L-2

CoC Homeless Management Information System (HMIS)

M: CoC HMIS Charts

CoCs should complete this section in conjunction with the lead agency responsible for the HMIS. All information is to be as of the date of application submission.

M-1: HMIS Lead Organization Information

Organization Name: Information & Referral Services	Contact Person: John W. Mott
Phone: (520) 628-7910 ext. 105	Email: jwmott@arizonatc.com
Organization Type: State/local government <input type="checkbox"/>	Non-profit/homeless provider <input checked="" type="checkbox"/> Other <input type="checkbox"/>

CoC-M-1

M-2: List HUD-defined CoC Name(s) and Number(s) for every CoC included in HMIS Implementation:

HUD-Defined CoC Name*	CoC #	HUD-Defined CoC Name*	CoC #
Tucson/Pima County	AZ-501		

*Find HUD-defined CoC names & numbers at: <http://www.hud.gov/offices/adm/grants/fundsavail.cfm>

CoC-M-2

M-3: HMIS Implementation Status

HMIS Data Entry Start Date for your CoC (mm/yyyy)	or	Anticipated Data Entry Start Date for your CoC (mm/yyyy)	If no current or anticipated data entry date, indicate reason: <input type="checkbox"/> New CoC in 2006 <input type="checkbox"/> Still in planning/software selection process <input type="checkbox"/> Still in initial implementation process
06/2004			

CoC-M-3

M-4: Client Records**

Calendar Year	Total Client Records Entered in HMIS / Analytical Database (Duplicated)	Total Unduplicated Client Records Entered in HMIS / Analytical Database
2004	1,582	1,534
2005	3,321	3,089

CoC-M-4

M-5: HMIS Participation**

a) HMIS participation by program type and funding source (please review instructions)			
Program Type	Total number of agencies	Number of agencies participating in HMIS <u>receiving</u> HUD McKinney-Vento funds	Number of agencies participating in HMIS <u>not</u> receiving HUD McKinney- Vento funds
Street Outreach	4	4	0
Emergency Shelter	8	8	0
Transitional Housing	17	17	0
Permanent Supportive Housing	9	9	0
TOTALS:	38	38	0
b) Definition of bed coverage in HMIS (please review instructions)			
Program Type	Date achieved or anticipate achieving 75% bed coverage (mm/yyyy)		
Emergency Shelter (all beds)	12/2006		
Transitional Housing (all beds)	12/2006		
Permanent Supportive Housing (McKinney-Vento funded beds only)	12/2006		

Challenges and Barriers: Briefly describe any significant challenges/barriers the CoC has experienced in:

1. HMIS implementation:

Several organizations have received training but have not begun data entry or have not expanded coverage to all of their beds or facilities as requested. Reasons stated include lack of staff and staff time to perform data entry; incompatibility with business process, such as a current or planned agency-level MIS that takes precedence for data entry time; lack of computer skills/familiarity; and insufficient hardware or connectivity. Other observed barriers include resistance to organizational change, lack of perceived incentive for participation or consequence for non-participation, and failure to prioritize and follow-through on configuration and hardware/connectivity assistance tasks. The HMIS project team continues to make strides to overcome these barriers by working with community stakeholders and individual agencies.

2. HMIS Data and Technical Standards Final Notice requirements:

Collection of Universal and Program-Specific Data Requirements: The HMIS system has been designed so that local HMIS-users cannot enter a client in the system without collecting 99% of the universal data elements. This highly reduces any barriers or challenges in collecting the required information. At the same time, however, there is the challenge of getting local HMIS-users to fulfill the signed agreement of committing to enter data in a timely and accurate fashion. Many will enter data when tight deadlines are upon them, increasing the likelihood of errors and inaccuracies. Developing ways to get local HMIS-users to improve the timeliness and accuracy of their data entry is a major concern for the HMIS project team, whose members spend a great deal of their time attending to users' data entry errors.

Privacy and Security Standards: There have been no challenges or barriers with these particular standards. Privacy and security requirements were a critical, initial focus during the HMIS implementation process and were addressed before any data entry in the system actually occurred. Local HMIS-users are highly cognizant of and concerned about confidentiality matters, especially those serving victims of domestic violence.

Participation Requirements: The greatest challenges and barriers fall within the realm of HMIS participation. There is still a need for the use of HMIS to be better embraced by some local agencies, including more involvement of agency representatives in presented HMIS education opportunities and greater awareness of the many advantages that can come with its usage. For instance, rather than viewing the use of HMIS as a helpful, time-saving, and ultimately easier data collection/reporting device in the long run, some agency members continue to perceive its usage as an added burden to their organizations' operations. This perception continues to inhibit HMIS-users and more HMIS-advocacy efforts are needed to change the negative connotations some local agencies have about HMIS. Better local practices in monitoring and policing HMIS-users' participation compliance on a regular basis would also be helpful. In response to these challenges, a new advisory board is currently being formed to improve community involvement and monitoring.

**For further instructions on charts M-4 and M-5, see Instructions section at the beginning of application.

CoC-M-5

M-6: Training, Data Quality and Implementation of HMIS Data & Technical Standards

1. Training Provided (check all that apply)	YES	NO
Basic computer training	<input checked="" type="checkbox"/>	<input type="checkbox"/>
HMIS software training	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Privacy / Ethics training	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Security Training	<input checked="" type="checkbox"/>	<input type="checkbox"/>
System Administrator training	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. CoC Process/Role		
Is there a plan for aggregating all data to a central location, at least annually?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there a plan to monitor compliance with HMIS Data & Technical Standards Final Notice?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Data Collection Entered into the HMIS		
Do all participating agencies submit universal data elements for all homeless persons served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Do all agencies required to complete a HUD APR, except agencies meeting the definition of domestic violence provider, submit program level data elements to HMIS?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Security: Participating agencies have:		
Unique username and password access?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Secure location?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Locking screen savers?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Virus protection with auto update?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Individual or network firewalls?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Restricted access for HMIS accessed via public forums (e.g. PKI digital certificates or IP filtering)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Security: Agency responsible for centralized HMIS data collection and storage has:		
Procedures for off-site storage of HMIS data?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Disaster recovery plan that has been <u>tested</u> ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Privacy Requirements		
Have additional State confidentiality provisions been implemented?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there a "Purpose for data collection" sign at each intake desk for all participating agencies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does each participating agency have a written privacy policy, including the uses and disclosures of information	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does each participating agency have a privacy policy posted on its website (if applicable)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Data Quality: CoC has protocols for:		
Client level data quality (i.e. missing birth dates etc.)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Program level data quality (i.e. data not entered by agency in over 14 days)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Assessing CoC bed coverage (i.e. % of beds)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Unduplication of Client Records: CoC process:		
Uses data in the HMIS exclusively to generate unduplicated count?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Uses data integration or data warehouse to generate unduplicated count?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

CoC-M-6

Part III: CoC Strategic Planning

N: CoC 10-Year Plan, Objectives, and Action Steps Chart

Please provide local action steps and measurable achievements for attaining each of the 5 national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals to permanent housing. In the column labeled "Lead Person," please list one individual that is responsible for ensuring that the objective is met. You may list additional CoC objectives as needed. Please note that your Continuum will be reporting on your achievements with respect to each of these objectives in the 2007 application.

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing	Local Action Steps (How are you going to do it? List action steps to be completed within the next 12 months.)	Measurable Achievement in 12 months	Measurable Achievement in 5 years	Measurable Achievement in 10 years	Lead Person (Who is responsible for accomplishing CoC Objectives?)
<i>EXAMPLE: 1. Create new PH beds for chronically homeless persons.</i>	<i>1. Expand New Hope Housing project with 5 new TRA S+C beds for chronically homeless persons</i>	<i>5 beds</i>	<i>20 beds</i>	<i>50 beds</i>	<i>Carol Smith: Chair, CoC Housing Committee</i>
1. Create new PH beds for chronically homeless persons.	1. Implement Life Works Supportive Housing project with 24 new beds for chronically homeless persons 2. Begin CODAC's Solitude Housing project with 26 new beds for chronically homeless persons 3. TPCH members will continue to apply for funds from various sources, including HUD's Samaritan Initiative funds, in order to create new PH beds	24 beds 26 beds	125 beds	250 beds	Bill Magnotto: Chairperson, TPCH
2. Increase percentage of homeless persons staying in PH over 6 months to 71%.	1. At a minimum, maintain current local level above 71% among permanent housing agencies thru the provision of case management and supportive services 2. Improve and create more relapse prevention programs and options (including peer support programs), that use a variety of models 3. Investigate staff-to-client ratios in case management as potential barrier	71% min.	73% min.	75% min.	Bill Magnotto: Chairperson, TPCH

3. Increase percentage of homeless persons moving from TH to PH to 61%.	<ol style="list-style-type: none"> 1. Continue to link housing and supportive services in order to obtain a minimum level of 61% 2. Increase the number of people who move from TH to PH with income by 10% 3. Improve and create more relapse prevention programs and options, including peer support programs, that use a variety of models 	61% min.	63% min.	65% min.	Bill Magnotto: Chairperson, TPCH
4. Increase percentage of homeless persons becoming employed by 11%.	<ol style="list-style-type: none"> 1. Establish baseline of clients who enter programs with no employment income and then exit the programs <i>with</i> employment income 2. Increase referrals to employment programs through outreach, training, provision of resource materials to community homeless service providers, and partnering with state, for-profit, and non-profit agencies 3. Increase employment, vocational, and educational training for clients 4. Improve coordination of care between Medical and Behavioral Health services by reducing barriers to care in order to maintain stability and improve chances of employment 	11% min	13% min.	15% min.	Bill Magnotto: Chairperson, TPCH
5. Ensure that the CoC has a functional HMIS system.	<ol style="list-style-type: none"> 1. Ensure that 75% of Voting TPCH agencies that provide housing and shelter submit data to the HMIS system (100% of HUD-funded) 2. Provide data from HMIS system to assist with completion of the HUD Exhibit 1 document and strategic planning purposes 	75% of Members (100% Hud- funded)	80% of Members (100% Hud- funded)	100% of Members	Leslie Ann Williams: Director, Information & Referral Services

Other CoC Objectives in 2006

1. Begin implementation of Plan to End Homelessness goals	<ol style="list-style-type: none"> 1. Hire a TPOCH consultant/staff member with a focus upon engaging the wider community 2. Increase community awareness and involvement by conducting presentations to 20 business, service and educational programs 3. Organize a minimum of two community resource fairs per year 	10% of plan implemented	35% of plan implemented	70% of plan implemented	Bill Magnotto: Chairperson, TPOCH
2. Develop a Daytime Summer Shelter Program	<ol style="list-style-type: none"> 1. Task Winter Shelter committee to develop the program 2. Identify urban congregations that will assist with the program 3. Coordinate with agencies, case managers, outreach workers, and congregation staff to provide the following services: (a) trained on-site hosts and visiting case managers, (b) meals, and (c) assistance with transportation to shelter(s) 	Min. of 1 operating congregation site	Min. of 3 operating congregation site e	Min. of 5 operating congregation site	Jill Rich: Chairperson, Winter Shelter Committee
3. Implement strategies to prevent people from becoming chronically homeless	<ol style="list-style-type: none"> 1. Implement components of SOAR initiative linking individuals with mainstream resources 2. Maintain Healthcare for the Homeless services through El Rio Community Health Center 3. Organize a minimum of two community resource fairs per year 4. Provide intensive services to veterans newly discharged or on severe disabilities through the DOL's Veteran Workforce Investment Program (VWIP) 	Implement 4 new prevention strategies	Implement 8 new prevention strategies	Implement 12 new prevention strategies	Bill Magnotto: Chairperson, TPOCH

CoC-N

O: CoC Discharge Planning Policy Chart

HUD McKinney-Vento homeless assistance funds are **not** to be used for projects that target persons being discharged from publicly funded institutions or systems of care. Check “Yes” or “No” in each box, as appropriate. *If “Yes” is indicated for “Formal Protocol Finalized” or “Formal Protocol Implemented,” include a brief summary of the formal protocol for each applicable system category. Your response in this section should take up less than 2 pages.

Publicly Funded Institution(s) or System(s) of Care in CoC Geographic Area	Initial Discussion	Protocol in Development	Formal Protocol Finalized*	Formal Protocol Implemented*
Foster Care	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Health Care	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Mental Health	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Corrections	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Foster Care:

The State of Arizona provides support for those youth that have exited the foster care system through federal Chafee funds. Since 2000, Pima County has used these funds to provide programs designed specifically to meet the unique needs of these youth. Services include intensive case management, employment and educational assistance, life skills training and financial support while the young adult is transitioning to self-sufficiency. Pima County has assisted over 500 youth through this resource.

Foster care youth and former foster care youth can also access support for continued education and employment training through ETV’s (Educational Training Vouchers) that are paid for through monies specifically set aside for this population. Dollars are also set aside for healthcare benefits. These youth occasionally access services through the continuum of care providers if they find themselves homeless.

Often these youth are terminated from the system on their 18th birthday without any resources or skills to live independently. In these cases, agencies provide short-term assistance while working with the young adult in accessing the long term support the State can provide. This community effort has proven to be effective in assisting these young adults without overwhelming the homeless service providers. Recently the state passed legislation that allows young adults who have exited the foster care system to re-enter the system voluntarily and receive services up until their 21st birthday.

Health Care:

The State of Arizona’s Healthcare or Medicaid program for individuals with no or very low income is known as the Arizona Health Care Cost Containment System, or AHCCCS. In recent years, AHCCCS implemented statewide policies that require the provision of assistance with housing or community living placement to all individuals exiting in-patient health care facilities. The focus of these policies is upon the prevention of homelessness and the provision of community placement prior to institutional discharge, which further corresponds with the mission of the Governor’s Interagency and Community Council on Homelessness. AHCCCS serves on the Governor’s Council and contributes to their efforts to prevent the release of persons from public institutions to community homelessness. It is mandated that discharge planning occur upon admittance and that street or shelter release should not happen.

Locally, the TPCCH Discharge Planning Committee also has continuous discussion with all six major hospitals in Tucson concerning how to release homeless people. The committee provides a “Homeless Discharge Plan Information Sheet” to all hospital discharge and case manager personnel, and ongoing meetings with hospital personnel occur to provide regular education about the information and to counteract any hospital staff turnover. Tucson shelter managers attend the hospital meetings and further share information concerning the discharge of homeless people.

Mental Health:

The Community Partnership of Southern Arizona (CPSA) serves as the Regional Behavioral Health Authority (RBHA). Every adult participant in the behavioral health system has an Adult Recovery Team. At a minimum, the team consists of the person, family members and a qualified behavioral health clinician. The model is based on a set of clinical, cooperative and administrative functions, which can be performed by any member of the team. These functions include overseeing and ensuring the continuity of care by taking the necessary steps for development and implementation of transition plans prior to a change, transfer, or discontinuation of behavioral health services. Some examples of such transition plans are clinical oversight, development of facility discharge plans, after-care plans, and the transfer of relevant documents. Behavioral health providers and local psychiatric hospitals also coordinate discharge planning from psychiatric hospital facilities.

Corrections:

The Arizona Department of Corrections (DOC) has implemented the Offender Transition Program Plan (OTPP) that includes discharge planning procedures for inmates. All homeless offenders and those released to private sector halfway houses have both an assessment and discharge plan completed prior to being released to supervision. Arizona DOC staff members are trained on these procedures.

The OTPP classification system uses at-risk indicators to determine a transition/residency score that allows assessment of an offender’s likelihood of being homeless upon release. The program also reinforces and teaches offenders’ acceptance of their responsibility to prepare for release and self-sufficiency, and special programs exist to increase opportunities for offenders to save money for release and make efforts to repair broken alliances of supportive individuals (e.g., family members).

Proposed placement investigations continue to be completed by the DOC prior to an offender’s release to determine if the residence is approved. These processes assist in preventing offenders from being released homeless and protect the public. Offenders who do not have an approved placement are not granted “early” release. Homeless offenders are only released when it is required by law.

Finally, the TPCCH Discharge Planning Committee has regular interaction with the Arizona DOC and continues to publish and distribute its “Guidelines to Getting Out” information resource packet to inmates, jail specialists, homeless coordinators inside all facilities, and probation/parole officers to further assist with local discharge planning efforts among offenders.

CoC-O

P: CoC Coordination Chart

A CoC should regularly assess the local homeless system and identify shortcomings and unmet needs. One of the keys to improving a CoC is to use long-term strategic planning to establish specific goals and then implement short-term/medium-term action steps. Because of the complexity of the existing homeless system and the need to coordinate multiple funding sources, there are often multiple long-term strategic planning groups. It is imperative for CoCs to coordinate, as appropriate, with each of these existing strategic planning groups to meet the local CoC shortcomings and unmet needs. Answer each question in the checkbox provided, using an X to indicate Yes or No for each.

Consolidated Plan Coordination	YES	NO
a. Do Con Plan planners, authors and other Con Plan stakeholders participate in CoC general planning meetings?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Do CoC members participate in Con Plan planning meetings, focus groups, or public forums?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Were CoC strategic plan goals addressing homelessness and chronic homelessness used in the development of the Con Plan?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Jurisdictional 10-year Plan Coordination		
a. Are there separate formal jurisdictional 10-year Plan(s) being developed and/or being implemented within your CoC geography? (If No, you may skip to the next section of this chart.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Do 10-year Plan conveners, authors and other stakeholders participate in CoC general planning meetings?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Have 10-year Plan participants taken steps to align their planning process with the local CoC plan?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Were CoC strategic plan goals used in the development of the 10-year Plan(s)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. Provide the number of jurisdictions within your CoC geography that have formally implemented a 10-year plan(s).	2	
Policy Academy* Coordination	YES	NO
a. Do CoC members participate in State Policy Academy meetings, focus groups, public forums, or listservs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Were CoC strategic plan goals adopted by the CoC as a result of communication/coordination with the State Policy Academy Team?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Has the CoC or any of its projects received state funding as a result of its coordination with the State Policy Academy?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Public Housing Agency Coordination		
a. Do CoC members meet with CoC area PHAs to improve coordination with and access to mainstream housing resources?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Coordination with State Education Agencies		
a. Did the CoC provide the state education agency with a list of emergency and transitional housing facilities located within the CoC boundaries that serve families with school-age children or school-age unaccompanied youth under the age of 18?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*A State Policy Academy is a state-level process designed to help state and local policymakers improve access to mainstream services for people who are homeless. For more information about getting involved in a State Policy Academy, see <http://www.hrsa.gov/homeless>.

CoC-P

CoC 2006 Funding Priorities

Q: CoC Project Priorities Chart

For further instructions for filling out this section, see the Instructions section.

HUD-defined CoC Name:* Tucson/Pima County						CoC #: AZ-501			
(1) SF-424 Applicant Name (Please Remove Examples)	(2) Project Sponsor Name	(3) Project Name	(4) Priority	(5) Requested Project Amount ***	(6) Term	(7) Program and Component Type**			
						SHP New	SHP Renewal	S+C New	SRO New
COPE Behavioral Services, Inc.	COPE Behavioral Services, Inc.	Life Works Supportive Housing Project	1	\$431,676	2	PH			
Pima County	Open-Inn, Inc.	La Casita	2	\$219,320	1		TH		
CODAC Behavioral Health Services, Inc.	CODAC Behavioral Health Services, Inc.	CODAC Permanent Housing Project	3	\$166,510	1		PH		
City of Tucson, Community Services Department	Community Partnership of Southern Arizona	Pathways Supportive Housing Program	4	\$87,696	1		PH		
Southern Arizona AIDS Foundation	Southern Arizona AIDS Foundation	Long-Term Housing	5	\$87,783	1		PH		
Pima County Department of Community Development and Neighborhood Conservation	Travelers Aid Society of Tucson, Inc.	CASA for Families II	6	\$429,503	1		TH		
The Primavera Foundation, Inc.	The Primavera Foundation, Inc.	Five Points Transitional Housing	7	\$103,306	1		TH		
Pima County	Travelers Aid Society of Tucson, Inc.	CASA – Coalition Assisting Self-Sufficiency Attainment	8	\$422,847	1		TH		
Southern Arizona AIDS Foundation	City of Tucson, Community Services Department	Positive Housing Opportunities	9	\$83,323	1		PH		
Old Pueblo Community Foundation	Old Pueblo Community Foundation	The Oasis Project	10	\$218,022	1		TH		
Pima County	Old Pueblo Community Foundation	New Chance Collaboration	11	\$382,508	1		TH		
Travelers Aid Society of Tucson, Inc.	Travelers Aid Society of Tucson, Inc.	Catalina Transitional Housing for Single Men	12	\$112,487	1		TH		
City of Tucson, Community Services Department	COPE Behavioral Services, Inc.	Bridges Transitional Housing	13	\$741,273	1		TH		

Pima County	Comin' Home, Inc.	Project Advent	14	\$454,348	1		TH		
La Frontera Center, Inc.	La Frontera Center, Inc.	Sonora House Safe Haven	15	\$422,709	1		SH/TH		
City of Tucson	Tucson Centers for Women and Children	Supportive Housing Program	16	\$60,385	1		SSO		
Information & Referral Services, Inc.	Information & Referral Services, Inc.	HMIS Project	17	\$181,089	1		HMIS		
(8) Subtotal: Requested Amount for CoC Competitive Projects:***				\$4,604,785					
(9) Shelter Plus Care Renewals:****						S+C Component Type**			
City of Tucson, Community Services Department	Community Partnership of Southern Arizona	Shelter Plus Care Partnership	18	\$720,360	1		SRA		
Arizona Department of Housing	Community Partnership of Southern Arizona	Shelter Plus Care – TRA Pima	19	\$790,524	1		TRA		
(10) Subtotal: Requested Amount for S+C Renewal Projects:				\$ 1,510,884					
(11) Total CoC Requested Amount:				\$6,115,669					

CoC-Q

*HUD-defined CoC names & numbers are available at: <http://www.hud.gov/offices/adm/grants/fundsavail.cfm>
 **Place the component type (PH, TRA etc.) under the appropriate program for each project in column 7.
 ***The requested project amount **must not** exceed the amount entered in the project summary budget in Exhibit 2. If the project summary budget exceeds the amount shown on this priorities list, the **project budget will be reduced** to the amount shown on the CoC Project Priorities Chart.
 ****For the Shelter Plus Care Renewals priority number, please continue project numbering from the top portion of the chart – please **do not** restart S+C project priority numbering from 1.

R: CoC Pro Rata Need (PRN) Reallocation Chart (Only for Eligible Hold Harmless CoCs)

CoCs that receive the 1-year Hold Harmless PRN amount may reduce or eliminate one or more of the SHP grants eligible for renewal in the 2006 CoC competition. CoCs may reallocate the funds made available through this process to create new permanent housing project(s). These new project(s) may be for SHP, S+C, and Section 8 SRO projects and their respective eligible activities.

Advisory Warning: According to the CoC competitive process, a CoC that scores below the initial funding line will not have the new projects on this chart funded. As such, the reallocated funds that had been used for renewals would no longer be available to the CoC.

1. Will your CoC be using the PRN reallocation process? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If Yes, explain the open decision making process the CoC used to reduce and/or eliminate projects (use no more than one-half page).

2. Enter the total 1-year amount of <i>all</i> SHP projects that are eligible for renewal in 2006, which amount you have verified with your field office:				<i>Example:</i> \$530,000	\$ 4,173,109
3. Starting with the total entered above for question 2, subtract the amount your CoC proposes to use for new permanent housing projects, and enter the remaining amount: <i>(In this example, the amount proposed for new PH projects is \$140,000)</i>				<i>Example:</i> \$390,000	\$ N/A
4. Enter the Reduced or Eliminated Grant(s) in the 2006 Competition					
(1) Expiring Grants	(2) Program Code	(3) Component	(4) Annual Renewal Amount	(5) Reduced Amount	(6) Retained Amount from Existing Grant
<i>Ex:</i> MA01B300002	SHP	TH	\$100,000	\$60,000	\$40,000
<i>Ex:</i> MA01B400003	SHP	SSO	\$80,000	\$80,000	\$0
N/A					
(7) TOTAL:					
5. Newly Proposed Permanent Housing Projects in the 2006 Competition					
(8) 2006 Project Priority Number		(9) Program Code	(10) Component	(11) Transferred Amounts	
<i>Example:</i> #5		SHP	PH	\$90,000	
<i>Example:</i> #12		S+C	TRA	\$50,000	
N/A					
(12) TOTAL:				N/A	

CoC-R

S: CoC Project Leveraging Summary Chart

HUD homeless program funding is limited and can provide only a portion of the resources needed to successfully address the needs of homeless families and individuals. HUD encourages applicants to use supplemental resources, including State and local appropriated funds, to address homeless needs.

Enter the name of your Continuum and list the total amount of leveraged resources available. To get this number, find the total at the bottom of the Project Leveraging Chart for all Exhibit 2 project applications, add up all of these the totals, and enter this single number in the chart below. Complete only one chart for the entire CoC (do **not** add any rows). Provide information **only** for contributions for which you have a **written commitment in hand at the time of application**.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Continuum	Total Value of Written Commitment
<i>Example:</i> River County CoC	\$10,253,000
Tucson/Pima County CoC	\$6,009,655.08

CoC-S

T: CoC Current Funding and Renewal Projections Chart

Congress has asked HUD to provide estimates of expected renewal amounts over the next five years. Please complete the chart below to help HUD arrive at the most accurate estimate possible. For further instructions in filling out this chart, see the Instructions section.

T: CoC Current Funding and Renewal Projections

Supportive Housing Program (SHP) Projects:														
Type of Housing			All SHP Funds Requested (Current Year)		Renewal Projections									
			2006		2007		2008		2009		2010		2011	
Transitional Housing (TH)			\$3,083,614		\$3,150,980		\$3,210,672		\$3,210,672		\$3,210,672		\$3,210,672	
Safe Havens-TH			\$422,709		\$422,709		\$422,709		\$422,709		\$422,709		\$422,709	
Permanent Housing (PH)			\$856,988		\$667,223		\$883,061		\$883,061		\$883,061		\$883,061	
Safe Havens-PH			0		0		0		0		0		0	
SSO			\$60,385		\$60,385		\$60,385		\$60,385		\$60,385		\$60,385	
HMIS			\$181,089		\$181,089		\$181,089		\$181,089		\$181,089		\$181,089	
Totals			\$4,604,785		\$4,482,386		\$4,757,916		\$4,757,916		\$4,757,916		\$4,757,916	
Shelter Plus Care (S+C) Projects:														
Number of Bedrooms			All S+C Funds Requested (Current Year)		Renewal Projections									
			2006		2007		2008		2009		2010		2011	
			Units	\$	Units	\$	Units	\$	Units	\$	Units	\$	Units	\$
0	6	\$34,992	6	\$34,992	6	\$34,992	6	\$34,992	6	\$34,992	6	\$34,992		
1	181	\$1,240,212	181	\$1,240,212	181	\$1,240,212	196	\$1,342,992	212	\$1,452,624	212	\$1,452,624		
2	22	\$196,944	22	\$196,944	22	\$196,944	29	\$259,608	34	\$304,368	34	\$304,368		
3	3	\$38,736	3	\$38,736	3	\$38,736	3	\$38,736	3	\$38,736	3	\$38,736		
4														
5														
Totals	212	\$1,510,884	212	\$1,510,884	212	\$1,510,884	234	\$1,676,328	255	\$1,830,720	255	\$1,830,720		

Part IV: CoC Performance

U: CoC Achievements Chart

Enter the goals and action steps that you that you listed on your 2005 CoC application and briefly describe measurable achievements in the past 12 months. The information provided in the first two columns should be the same as provided in the 2005 CoC application. Add rows as needed.

Goals	Action Steps	Measurable Achievements
Chronic Homelessness Goals		
1. Identify the number and characteristics of chronic homeless individuals in Pima County.	1. Provide quarterly reports to TPCCH regarding number and characteristics of chronically homeless persons contacted by outreach 2. Report data collected on chronically homeless persons through HMIS 3. Conduct annual count of unsheltered chronically homeless persons 4. Identify the number of permanent supportive housing beds available for chronically homeless persons	1. Quarterly reports have been provided by La Frontera RAPP with information on outreach client numbers and characteristics, including those who are chronically homeless. Among the 991 persons receiving outreach as of March 31, 2006 (the program's half-way point of FY 05-06), 118 or 12% were chronically homeless. 2. This year, the HMIS Project team regularly shared information with the TPCCH Continuum of Services committee. During calendar year 2005, 601 chronically homeless persons were recorded in HMIS as being served by local agencies. 3. The 2006 annual count of unsheltered homeless individuals included 341 chronically homeless persons. 4. Preparation of the 2006 Exhibit 1 Housing Inventory Charts identified 101 permanent supportive housing beds available for chronically homeless persons.
2. Adapt service systems to respond to chronically homeless persons.	1. Increase outreach to chronically homeless individuals 2. Complete Tucson/Pima County 10-Year Plan to End Homelessness, including chronic homeless 3. Participate in development of the State Plan to End Homelessness 4. Apply for TA grant from Policy Research Associates to increase access to Social Security disability programs	1. La Frontera RAPP Program's quarterly reports indicate that for the first half of the program's FY 05-06 operating year, 12% of persons receiving outreach were chronically homeless. This percentage is higher than the 7.5% reported at the same half-way point of FY 04-05 <u>AND</u> higher than the 8.5% reported for the entire 2004-2005 fiscal year. 2. The 10-Year Plan was completed and approved by the TPCCH General Council on December 8, 2005.

		<p>3. A CPSA representative participated in the workgroup that completed the State Plan and continues to participate in the workgroup that is now setting up action plans.</p> <p>4. The State was awarded a SOAR grant and Pima County has been participating in piloting training to facilitate helping participants complete and receive Social Security upon their first submission.</p>
3. Increase capacity and funding for medical and behavioral health services for substance use disorders and mental health services.	<p>1. Apply for HHS and VA grants, private donations from the community and local foundation grants.</p> <p>2. Increase utilization of the Winter Shelter Program to expand services for chronically homeless persons</p> <p>3. Work on local, state and federal legislative issues in conjunction with the Arizona Coalition to End Homelessness (ACEH)</p>	<p>1. Both COPE Behavioral Services and Compass Health Care applied for HHS SAMHSA Homeless grants for individuals with a mental illness or substance use.</p> <p>2. This year, the TPCH Winter Shelter program added 300 more beds and three additional congregations participated.</p> <p>3. During FY 05-06, TPCH members have worked with ACEH on 8 different legislative bills and 14 bills within the State's FY 2007 Fiscal Budget.</p>
4. Increase supply of transitional and permanent supportive housing.	<p>1. Apply for supportive housing grants; use grant cost savings to provide rental assistance to more participants</p> <p>2. Develop and implement Samaritan Housing project</p> <p>3. Develop a "damp" housing program</p>	<p>1. The CoC applied for and received new HUD-funded supportive housing in 2005 (CODAC's Solitude Housing Project). The City of Tucson was also able to use grant cost savings to provide rental assistance to 8 additional families and 27 single individuals and other households without children.</p> <p>2. CODAC's Solitude Housing program (the 2005 Samaritan Housing project) anticipates occupancy of its 26 new beds in September 2006.</p> <p>3. CODAC's Solitude Housing program fits this description. Further, other local providers that address substance abuse issues are becoming more involved in ongoing discussions on the subject.</p>
Other Homelessness Goals		
1. Enhance informed decision-making capabilities to proactively address the changing demographics of the homeless population	<p>1. As part of a project in collaboration with the other 2 CoCs in Arizona, implement program quality standards for evaluation and enhancement of program performance</p>	<p>1. The Arizona Evaluation Project meets on a quarterly basis to work on the implementation of evaluation and performance standards. Progress has been slow-going and will continue until the project is completed.</p>

	<p>2. Complete the 10-Year Plan to End Homelessness</p> <p>3. Maximize participation in HMIS throughout the continuum of services</p> <p>4. Sponsor two professional development workshops</p> <p>5. Complete a street count of homeless persons including improved efforts to locate families</p> <p>6. Complete a count of persons in shelter, transitional housing and permanent supportive housing</p> <p>7. Complete and adopt revised bylaws for TPCH</p>	<p>2. The 10-Year Plan was completed and approved by the TPCH General Council on December 8, 2005.</p> <p>3. The HMIS project coordinator attended monthly Continuum of Services committee meetings and reported on agency participation. Last year, the CoC was at approximately 30% of HMIS coverage of beds and this year, the CoC is at 53% coverage.</p> <p>4. The TPCH Education Committee hosted a “How To’s of Helping the Homeless” Conference in April 2006 with 12 workshops and approximately 130 participants.</p> <p>5. The 2006 annual homeless street count revealed 642 individuals, which includes seven families. Increased efforts to locate families resulted in a higher number of families reported this year compared to 2005 (0 families).</p> <p>6. The DES Annual Point-in-Time Shelter Survey occurred in January 2006 and revealed 693 persons in Emergency Shelter, 1245 persons in Transitional Housing, and 382 in Permanent Housing.</p> <p>7. TPCH By-laws/Operating policies were revised and approved by TPCH on August 11, 2005.</p>
<p>2. Increase community awareness of causes and solutions to homelessness</p>	<p>1. Participate in legislative advocacy in collaboration with the AZ Coalition to End Homelessness</p> <p>2. Continue participation in neighborhood association meetings</p> <p>3. Increase media contacts to enhance public knowledge of homelessness issues and gain public support</p> <p>4. Expand use of agency newsletters to inform the community of homelessness issues</p>	<p>1. In FY 05-06, TPCH members participated in three meetings with ACEH and responded to five ACEH “Call to Action” advocacy efforts.</p> <p>2. Meeting participation continued among individual agencies, yet no coordinated record-keeping of their participation occurred through the CoC.</p> <p>3. This year, there were 14 media contacts concerning homelessness issues, which is a 40% increase from last year’s 10 contacts. The 2006 “How To’s” Conference contributed to this increase.</p> <p>4. Several of the newsletters by TPCH member agencies regularly cover issues related to homelessness as well as available services. Other agencies have included additional newsletter articles on homelessness issues (e.g., La Frontera).</p>

<p>3. Reduce the number of people who enter homelessness from other systems (e.g. corrections, foster care, health care, etc.)</p>	<ol style="list-style-type: none"> 1. Publish an electronic version of “Guidelines on Getting Out” (Resource Guide for persons being released from incarceration) 2. Print 5,000 copies of “Guidelines on Getting Out” and provide to AZ Dept. of Corrections for inmates 3. Implement dialogue with homeless inmate liaisons within the state prison system 4. Coordination between Dept of Labor, VA, and DOC related to veterans released from prison 5. Coordination with state agencies to provide intensive case management and financial assistance prior to discharge for youth in foster care. 	<ol style="list-style-type: none"> 1. The Guidelines are available online at American Friends Service Committee’s website (www.afsc.org/az/criminal-justice.htm). 2. Five thousand copies were printed and sent to Arizona Dept. of Corrections personnel during this fiscal year. 3. Members of the TPCD Discharge Planning Committee have continued to help inform key DOC personnel about ongoing discharge issues and to provide resource information via distribution of 5,000 copies of the annual “Guidelines to Getting to Out” publication. 4. Agency coordination to address issues of concern to prison-released veterans continued. The Primavera Foundation was one of only 30 organizations nationwide to receive the Prisoner Re-Entry Initiative (PRI) grant. The Initiative involves the Departments of Labor, Housing and Urban Development, and Justice, and aims to assist ex-offenders (including veterans) with housing, employment, and mentoring. 5. Coordination with state agencies continued, with monies provided to a local nonprofit that oversees the intensive case management and financial assistance with discharged youth in foster care.
<p>4. Increase the availability of shelter and housing resources</p>	<ol style="list-style-type: none"> 1. Increase the number of congregations participating in the winter shelter program 2. Identify priority community projects 3. Develop low demand transitional and permanent housing beds for persons with substance use disorders 4. Increase the number of permanent supportive housing beds for chronically homeless persons 	<ol style="list-style-type: none"> 1. This year, the TPCD Winter Shelter program had three more congregations participate and offer services. 2. The annual identification of priority community projects was performed in April 2006, with the result being the 19 project priority listings shown in Part Q of Exhibit 1. 3. CODAC’s Solitude Housing Project (awarded in 2005) includes 26 new permanent housing beds and COPE’s new proposed Life Works Supportive Housing Program (priority #1 among 2006 projects), includes 24 permanent housing beds. Both projects assist persons with substance abuse disorders.

		4. In 2006, there were 101 permanent supportive housing beds for chronically homeless persons. This reflects a 12% increase from the 90 beds in 2005.
5. Increase the availability of services to reduce and prevent homelessness	1. Improve options for chronic substance users 2. Test the Arizona Homelessness Risk Assessment Tool developed by the ICCH 3. Complete a grant application for statewide Technical Assistance on assisting applicants in accessing SSI and SSDI	1. CODAC's new Solitude Housing Project and COPE's Life Works Housing Project (proposed 2006 Samaritan Project) both offer options for chronic substance users. 2. The Arizona Homelessness Risk Assessment Tool is now in its final stages of development and testing. Further, Pima County property management companies are cooperating. 3. The grant application for statewide Technical Assistance was completed and awarded to Arizona (SOAR).

CoC-U

V: CoC Chronic Homeless (CH) Progress Chart

This chart should be based on January 2006 point-in-time counts. For further instructions in filling out this chart, please see the Instructions section.

Year	(1) Number of CH Persons	(2) Number of PH beds for the CH	(3) New PH beds for the CH between Feb. 1, 2005 – Jan. 31, 2006	(4) Identify the cost of the <u>new</u> CH beds from each funding source			
				Public			Private
				Federal	State	Local	
2004	<i>Example:</i> 90	45	10	\$15,480	\$31,420	\$40,350	\$12,750
2005	<i>Example:</i> 82	50					
2006	<i>Example:</i> 75	60					
2004	691	46	11	\$ 19,223	\$ 0	\$ 0	\$ 0
2005	302	90					
2006	453	101					

(5) Briefly describe the reason(s) for any changes in the total number of the chronically homeless between 2005 and 2006 (use less than one-half page).

The 2006 and 2005 numbers were both actual point-in-time counts of chronically homeless individuals in emergency shelters and those identified during the annual street count of unsheltered homeless persons. The 2006 number reveals a 50% increase in unsheltered and sheltered chronically homeless individuals compared to the 2005 number (453 vs 302, respectively).

The overall total count of ALL sheltered and unsheltered individuals in 2006 was higher than the total reported in 2005 (2,580 versus 2,378 individuals), which could contribute to changes in numbers. However, further analysis shows that chronically homeless individuals represented a higher proportion of counted individuals in 2006 than in 2005. Specifically, chronically homeless individuals represented 17.6% of total number of individuals counted in 2006, whereas in 2005, they only accounted for 12.7% of the counted individuals.

Efforts taken during the 2006 annual count training procedures to carefully instruct members on the data collection process may likely have contributed to the higher numbers. Nonetheless, because of the difficulty in locating and/or identifying an unsheltered chronically homeless person, it is very probable that the true number is still considerably higher.

CoC-V

W: CoC Housing Performance Chart

The following chart will assess your CoC's progress in reducing homelessness by helping clients move to and stabilize in permanent housing, access mainstream services and gain employment. Both housing and supportive services projects in your CoC will be examined. Provide information from the most recently submitted APR for the appropriate RENEWAL project(s) on your CoC Project Priorities Chart. **Note:** If you are not submitting any renewals in this year's competition for the applicable areas presented below, check the appropriate box in the chart.

1. Participants in Permanent Housing		
HUD will be assessing the percentage of all participants who remain in S+C or SHP permanent housing (PH) for more than six months. SHP projects include both SHP-PH and SHP-Safe Haven PH renewals. Complete the following chart utilizing data based on the <u>preceding operating year</u> from APR Question 12(a) and 12(b) for PH projects included on your CoC Priority Chart:		
<input type="checkbox"/>	No applicable PH renewals are on the CoC Project Priorities Chart	APR
<input checked="" type="checkbox"/>	All PH renewal projects with APRs submitted are included in calculating the responses below	Data
a.	Number of participants who exited PH project(s)—APR Question 12(a)	161
b.	Number of participants who did not leave the project(s)—APR Question 12(b)	381
c.	Number who exited after staying 7 months or longer in PH—APR Question 12(a)	100
d.	Number who did not leave after staying 7 months or longer in PH—APR question 12(b)	307
e.	Percentage of all participants in PH projects staying 7 months or longer (c. + d. divided by a. + b. multiplied by 100 = e.)	75%
2. Participants in Transitional Housing (TH)		
HUD will be assessing the percentage of all TH clients who moved to a permanent housing situation. TH projects include SHP-TH and SHP-Safe Haven/TH <i>not</i> identified as permanent housing. Complete the following chart utilizing data based on the <u>preceding operating year</u> from APR Question 14 for TH renewal projects included on your CoC Priorities Chart.		

<input type="checkbox"/>	No applicable TH renewals are on the CoC Project Priorities Chart	APR Data
<input checked="" type="checkbox"/>	<u>All</u> TH renewal projects with APRs submitted are included in calculating the responses below	
a.	Number of participants who exited TH project(s)—including unknown destination	999
b.	Number of participants who moved to PH	575
c.	Percent of participants in TH projects who moved to PH (b. divided by a. multiplied by 100 = c.)	58%

CoC-W

X: Mainstream Programs and Employment Project Performance Chart

HUD will be assessing the percentage of clients in all your renewal projects who gained access to mainstream services, especially those who gained employment. This includes all S+C renewals and all SHP renewals, excluding HMIS projects. Complete the following charts based on responses to APR Question 11 for each of the renewal projects included on your CoC Priority Chart. For further instructions for filling out this section, see the Instructions section at the beginning of the application.

<input type="checkbox"/>	No applicable renewal projects for the Mainstream Programs and Employment Chart included in the CoC Priorities Chart.
<input checked="" type="checkbox"/>	<u>All</u> non-HMIS renewal projects on the CoC Priorities Chart that submitted an APR are included in calculating the responses below.

(1) Number of Adults Who Left (Use same number in each cell)	(2) Income Source	(3) Number of Exiting Adults with Each Source of Income	(4) Percent with Income at Exit (Col 3÷Col 1 x 100)
<i>Example:</i> 105	a. SSI	40	38.1%
<i>Example:</i> 105	b. SSDI	35	33.3%
1180	a. SSI	77	6.5%
1180	b. SSDI	69	5.8%
1180	c. Social Security	13	1.1%
1180	d. General Public Assistance	16	1.4%
1180	e. TANF	11	0.9%
1180	f. SCHIP	12	1.0%
1180	g. Veterans Benefits	13	1.1%
1180	h. Employment Income	574	48.6%
1180	i. Unemployment Benefits	2	0.2%
1180	j. Veterans Health Care	82	6.9%
1180	k. Medicaid	378	32.0%
1180	l. Food Stamps	369	31.3%
1180	m. Other (please specify)	13	1.1%
1180	n. No Financial Resources	295	25%

CoC-X

Y: Enrollment and Participation in Mainstream Programs Chart

It is fundamental that your CoC *systematically* helps homeless persons identify, apply for and follow-up to receive benefits under **SSI, SSDI, TANF, Medicaid, Food Stamps, SCHIP, WIA, and Veterans Health Care as well as any other State or Local program that may be applicable.** Which policies are currently in place in your CoC to help clients secure these mainstream benefits for which they are eligible?

Check those activities implemented by a majority of your CoC's homeless assistance providers (check all that apply):	
<input checked="" type="checkbox"/>	A majority of homeless assistance providers have case managers systematically assist clients in completing applications for mainstream benefit programs.
<input checked="" type="checkbox"/>	The CoC systematically analyzes its projects' APRs to assess and improve access to mainstream programs.
<input checked="" type="checkbox"/>	The CoC contains a specific planning committee to improve CoC-wide participation in mainstream programs.
<input type="checkbox"/>	A majority of homeless assistance providers use a single application form for four or more of the above mainstream programs.
<input checked="" type="checkbox"/>	The CoC systematically provides outreach and intake staff specific, ongoing training on how to identify eligibility and program changes for mainstream programs.
<input checked="" type="checkbox"/>	The CoC has specialized staff whose only responsibility is to identify, enroll, and follow-up with homeless persons on participation in mainstream programs.
<input checked="" type="checkbox"/>	A majority of homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments.
<input checked="" type="checkbox"/>	A majority of homeless assistance providers have staff systematically follow-up to ensure that mainstream benefits are received.
<input checked="" type="checkbox"/>	The CoC coordinates with the State Interagency Council(s) on Homelessness to reduce or remove barriers to accessing mainstream services.

CoC-Y

Z: Unexecuted Grants Awarded Prior to the 2005 CoC Competition Chart

Provide a list of all HUD McKinney-Vento Act awards made prior to the 2005 competition that are not yet under contract (i.e., signed grant agreement or executed ACC).

Project Number	Applicant Name	Project Name	Grant Amount
Example: MI23B901002	Michiana Homes, Inc.	TH for Homeless	\$514,000
None			
		Total:	

CoC-Z

AA: CoC Participation in Energy Star Chart

HUD promotes energy-efficient housing. All McKinney-Vento funded projects are encouraged to promote energy efficiency, and are specifically encouraged to purchase and use Energy Star labeled products. For information on the Energy Star initiative go to: <http://www.energystar.gov>.

Have you notified CoC members of the Energy Star initiative? ☒ Yes ☐ No

Percentage of CoC projects on CoC Priority Chart using Energy Star appliances: 0 %

CoC-AA

AB: Section 3 Employment Policy Chart

	YES	NO
1. Is any project in your CoC requesting HUD funds for housing rehabilitation or new construction?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. If you answered yes to Question 1: Is the project requesting \$200,000 or more?	<input type="checkbox"/>	<input type="checkbox"/>
3. If you answered yes to Question 2: What activities will the project undertake to ensure that employment and other economic opportunities are directed to low- and very low-income persons, per the Housing and Urban Development Act of 1968 (known as "Section 3")? Check all that apply: <input type="checkbox"/> The project will have a preference policy for hiring low- and very low-income persons residing in the service area or neighborhood where the project is located, and for hiring Youthbuild participants/graduates. <input type="checkbox"/> The project will advertise at social service agencies, employment and training centers, community centers, or other organizations that have frequent contact with low- and very low-income individuals, as well as local newspapers, shopping centers, radio, etc. <input type="checkbox"/> The project will notify any area Youthbuild programs of job opportunities. <input type="checkbox"/> If the project will be awarding competitive contracts of more than \$100,000, it will establish a preference policy for "Section 3 business concerns"* that provide economic opportunities and will include the "Section 3 clause"*** in all solicitations and contracts.		
<p>*A "Section 3 business concern" is one in which: 51% or more of the owners are section 3 residents of the area of service; <u>or</u> at least 30% of its permanent full-time employees are currently section 3 residents of the area of service, or within three years of their date of hire with the business concern were section 3 residents; <u>or</u> evidence of a commitment to subcontract greater than 25% of the dollar award of all subcontracts to businesses that meet the qualifications in the above categories is provided.</p> <p>**The "Section 3 clause" can be found at 24 CFR Part 135.</p>		

CoC-AB